

AO 440 (Rev. 10/93) Summons in a Civil Action

FILED

## RETURN OF SERVICE

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE November 19, 2003
NAME OF SERVER (PRINT) John D. Pierce	TITLE Attorney for the Plaintiff
Check one box below to indicate appropriate method of service	
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____	
<input type="checkbox"/> Returned unexecuted: _____ _____	
<input checked="" type="checkbox"/> Other (specify): <u>Via certified mail no. 7002 3150 0001 2628 8452 as evidenced by the attached return receipt, by Defendant Superior Auto, Inc., C/O Norbert J. Schenkel, Jr., Registered Agent, 520 South Calhoun Street, Fort Wayne, IN 46802</u>	

## STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

11-24-03

Date

Signature of Server

Amy L Shaw

20 South Fifth Street, P.O. Box 599  
Terre Haute, Indiana 47808

Address of Server

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Superior Auto, Inc.  
C/O Norbert J. Schenkel, Jr.,  
Registered Agent  
520 South Calhoun Street  
Fort Wayne, IN 46802

JDP/Moore

## COMPLETE THIS SECTION ON DELIVERY

A. Signature <u>X Martha Kaeh</u>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery <u>11/21/03</u>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

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